

STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

6688

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME ELMER ALBERT CARLSON		2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) June 29, 1999	
4. AGE LAST BIRTH DAY (Yr) 87		5. UNDER 1 YEAR NO		6. BIRTH DATE (Mo, Day, Yr) Dec 30, 1911	
7. BIRTH PLACE (City, State or Foreign Country) Minneapolis, MN		8. WERE DECEASED EVER IN U.S. ARMED FORCES? No		9. COUNTY OF DEATH King	
10. CITY, TOWN OR LOCATION OF DEATH Renton		11. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 3600 NE 8th Street		12. SMOKING IN LAST 15 YEARS? (Yr / No) No	
13. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		14. SURVIVING SPOUSE IF NOT SEE BOX FOR NAME Ellen Vireen		15. SOCIAL SECURITY NO. 473-01-2354	
16. DECEASED'S EDUCATION (Specify only highest grade completed) College (4 or 5+)		17. DECEASED'S OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Civil Engineer		18. KIND OF BUSINESS OR INDUSTRY Commercial Construction	
19. ADDRESS—HUSBAND AND STREET 3600 NE 8th Street		20. CITY, TOWN OR LOCATION Renton		21. STATE WA	
22. ZIP CODE 98056		23. DATE OF BIRTH Dec 30, 1911		24. LENGTH OF TIME IN CO. 48 Yrs	
25. FATHER'S NAME—FIRST, MIDDLE, LAST Carl Carlson		26. MOTHER'S NAME—FIRST, MIDDLE, LAST Ellen Vireen		27. RACE (Specify) White	
28. BIRTH DATE (Mo, Day, Yr) July 1, 1959		29. CREMATION Yes		30. CREMATION SERVICE Seattle Service Group Crematory	
31. CREMATION SERVICE Seattle Service Group Crematory		32. LOCATION—CITY/TOWN/STATE Seattle, Washington		33. ADDRESS OF FACILITY 316 Florentia Street	
34. ADDRESS OF FACILITY 316 Florentia Street		35. CITY/TOWN/STATE Seattle, Washington		36. ZIP CODE 98109	
37. DATE SIGNED (Mo, Day, Yr) 6/29/99		38. HOUR OF DEATH (24 Hr) 1330		39. DATE SIGNED (Mo, Day, Yr) 6/29/99	
40. NAME AND TITLE OF PHYSICIAN OR OTHER HEALTH CARE PROVIDER Jenora Jolly M.D. 275 Johnson Way NW, Renton, Washington 98056		41. NAME AND ADDRESS OF PHYSICIAN OR OTHER HEALTH CARE PROVIDER Jenora Jolly M.D. 275 Johnson Way NW, Renton, Washington 98056		42. NAME AND ADDRESS OF PHYSICIAN OR OTHER HEALTH CARE PROVIDER Jenora Jolly M.D. 275 Johnson Way NW, Renton, Washington 98056	
43. ENTER THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED THE DEATH Alzheimer's Disease		44. IMMEDIATE CAUSE (First disease or condition resulting in death) Alzheimer's Disease		45. INTERVAL BETWEEN ONSET AND DEATH Years	
46. DO NOT ENTER THE MODE OF DEATH, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEAVY FALLS. LIST ONLY ONE CAUSE ON EACH LINE. Alzheimer's Disease		47. DUE TO OR AS A CONSEQUENCE OF Alzheimer's Disease		48. INTERVAL BETWEEN ONSET AND DEATH Years	
49. DUE TO OR AS A CONSEQUENCE OF Alzheimer's Disease		50. DUE TO OR AS A CONSEQUENCE OF Alzheimer's Disease		51. INTERVAL BETWEEN ONSET AND DEATH Years	
52. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE UNDERLYING CAUSE (Specify) Alzheimer's Disease		53. ALCOHOL (Yr / No) No		54. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yr / No) Yes	
55. AOC BLOOD, HEMO, LARGEST, OR FINGERPRINT (Specify) Alzheimer's Disease		56. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 3600 NE 8th Street		57. CITY, TOWN OR LOCATION Renton	
58. INJURY AT WORK? (Yr / No) No		59. DATE RECEIVED (Mo, Day, Yr) 6/29/99		60. DATE RECEIVED (Mo, Day, Yr) 6/29/99	